

**RENEWAL APPLICATION FOR DISTRIBUTOR'S CIGARETTE  
AND TOBACCO PRODUCTS LICENSE**

[ FOID ]		YOUR ACCOUNT NO.	

**BOARD USE ONLY**

RA-B/A	AUD	REG
RR-QS	FILE	REF

EFF

**READ INSTRUCTIONS  
BEFORE PREPARING****CALIFORNIA CIGARETTE AND TOBACCO PRODUCTS LICENSING ACT OF 2003****GENERAL INFORMATION**

The State Board of Equalization is responsible for administering the California Cigarette and Tobacco Products Licensing Act of 2003 under Division 8.6 (commencing with section 22970) of the California Business and Professions Code (the Act). The Act requires every distributor of cigarettes or tobacco products in this state to be licensed by the State Board of Equalization. Under the Act, every distributor must annually obtain and maintain a license to engage in the sale of cigarettes or tobacco products.

**FILING REQUIREMENTS**

You must complete and return this application to the State Board of Equalization in order to maintain your cigarette and tobacco products license. This application must be postmarked on or before the due date. The renewal application consists of page (S1F) Section I: Cigarette and Tobacco Products License Renewal Fee Computation; page (S1B) which includes Section II: Cancellation Notice; Section III: Business Change; Section IV: Signature; and Schedule A, (if enclosed). Your renewal application will not be processed if it is incomplete or not signed under Section I and Section IV. The completed renewal application must be accompanied by a remittance payable to the State Board of Equalization for the amount of the license renewal fee due.

**SECTION I: CIGARETTE AND TOBACCO PRODUCTS LICENSE RENEWAL FEE COMPUTATION**

- |  |                      |
|--|----------------------|
| 1. Enter the total number of business locations for which you are applying for renewal that you operate at which cigarettes or tobacco products are sold (from Schedule A if more than one location) | 1. _____             |
| 2. Annual license renewal fee per business location  | 2. <u>\$1,000.00</u> |
| 3. TOTAL AMOUNT DUE AND PAYABLE ( <i>multiply line 1 x line 2</i> )  | 3. _____             |

☐

Check box only if you have completed Section II and/or Section III of this form.

*I hereby certify that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.*

YOUR SIGNATURE AND TITLE

TELEPHONE NUMBER

DATE

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION.  
Always write your account number on your check or money order. Make a copy of this document for your records.

(continued on reverse)

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**SECTION II: CANCELLATION NOTICE** *(complete this section if you will not be renewing your Distributor's Cigarette and Tobacco Products License)***I am not renewing my Distributor's Cigarette and Tobacco Products License because** *(check only one box)*☐ I am no longer in business. Date business discontinued: \_\_\_\_\_

Please provide your current daytime telephone number and address: \_\_\_\_\_

☐ Other *(please explain)* \_\_\_\_\_**SECTION III: BUSINESS CHANGE** *(complete this section only if the information preprinted on the front of this application or on the enclosed Schedule A, if applicable, is incorrect or if there has been a change in the ownership of the business)*

1) TYPE OF NEW OWNERSHIP

☐ Sole Proprietor ☐ Other Partnership☐ Husband & Wife Partnership ☐ Corporation/LLC2) NEW CORPORATION/LLC NAME AND NUMBER *(list names of corporate/LLC officers, members or managers below)*

3) NEW OWNER/PARTNER/PRESIDENT NAME

4) NEW BUSINESS OR TRADE NAME/DBA

5) NEW LOCATION OF BUSINESS *(do not use a PO Box or agent's address for location of business)*

DAYTIME TELEPHONE NUMBER

(      )

6) NEW MAILING ADDRESS *(if different from business location; do not enter agent's address here)*

DAYTIME TELEPHONE NUMBER

(      )

7) NEW AGENT/BOOKKEEPER NAME

8) NEW AGENT/BOOKKEEPER TELEPHONE NUMBER

(      )

9) NEW AGENT/BOOKKEEPER MAILING ADDRESS

☐ Please use this address as my mailing address. *(check box and attach signed power of attorney form to use agent address for the account mailing address)***SECTION IV: SIGNATURE** *(this section must be completed if you made any changes to Section II or III)*

I certify that all the information provided in this application is complete, true and accurate and I understand that any person who asserts the truth of any material matter that he or she knows to be false is guilty of a misdemeanor punishable by imprisonment of up to one year in county jail, or a fine of not more than one thousand dollars (\$1,000), or both the fine and imprisonment.

Note: This must be signed by an owner, partner, corporate officer, LLC member or manager, or by an authorized agent. **For a partnership, attach authorization signed by all general partners; for a corporation, attach corporate resolution; and for a LLC, attach articles of organization which authorize the individual who signs below to certify this application. If signed by an authorized agent, a properly completed power of attorney form must be attached to this application.**

SIGNATURE

TITLE

PRINT NAME

PHONE NUMBER

DATE

(      )

**IF YOU WISH ADDITIONAL INFORMATION, PLEASE CONTACT THE STATE BOARD OF EQUALIZATION,  
EXCISE TAXES AND FEES DIVISION, EXCISE TAXES SECTION,  
450 N STREET, PO BOX 942879, SACRAMENTO, CA 94279-0056, TELEPHONE 800-400-7115.**

CALIFORNIA CIGARETTE AND TOBACCO PRODUCTS LICENSING ACT OF 2003  
SCHEDULE A - DISTRIBUTOR'S BUSINESS LOCATIONS RENEWAL

ACCOUNT NUMBER:OWNER NAME:PERIOD:

	A BUSINESS NAME <i>(must provide if not listed below)</i>	B BUSINESS ADDRESS	C TELEPHONE NUMBER <i>(including area code)</i>	D E-MAIL ADDRESS	E ENTER 1 IF CIGARETTE OR TOBACCO PRODUCTS WILL BE SOLD AT THIS LOCATION
TOTAL NUMBER OF LICENSES REQUIRED:					